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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	1/1385
	First Named Inventor	Roland MAIER
	COMPLETE IF KNOWN	
	Application Number	10 / 634,047
	Filing Date	08/04/2003
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

New Purine Derivatives, The Preparation Thereof And Their Use As Pharmaceutical Compositions

the specification of which
☐ is attached hereto
 OR
☒ was filed on (MM/DD/YYYY) **08/04/2003** as United States Application Number or PCT International Application Number **10/634,047** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 102 38 477.0	Germany	08/22/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/408,021	09/04/2002

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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PTO/SB/01 (12-97)

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number		<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below	
Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchian	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629	David A. Dow	46,124
		Michael P. Morris	34,513

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label **28501** OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roland		MAIER	
Inventor's Signature	Date		
Residence: City	Biberach	State	Country Germany
Post Office Address	Bodelschwingstrasse 39		
Post Office Address			
City	Biberach	State	ZIP 88400
Country	Germany		

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Frank		HIMMELSBACH	
Inventor's Signature <i>F. Himmel</i>		Date <u>01/08/2004</u>	
Residence: City Mittelbiberach	State	Country Germany	Citizenship DE
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Mailing Address			
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Matthias		ECKHARDT	
Inventor's Signature <i>M. Eckhardt</i>		Date <u>01/08/2004</u>	
Residence: City Biberach	State	Country Germany	Citizenship DE
Mailing Address Kirschenweg 7			
Mailing Address			
City Biberach	State	ZIP 88400	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Eike		LANGKOPF	
Inventor's Signature <i>E. Langkopf</i>		Date <u>01/08/2004</u>	
Residence: City Warthausen	State	Country Germany	Citizenship DE
Mailing Address Schloss 3			
Mailing Address			
City Warthausen	State	ZIP 88447	Country Germany

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Case No. 1/1385

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		MARK	
Inventor's Signature <i>[Signature]</i>		Date <u>01/09/2004</u>	
Residence: City	Biberach	State	Country Germany
		Citizenship DE	
Mailing Address Hugo-Haering-Strasse 50			
Mailing Address			
City	Biberach	State	Country Germany
		ZIP	88400
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ralf R. H.		LOTZ	
Inventor's Signature <i>[Signature]</i>		Date <u>01/09/2004</u>	
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		Citizenship DE	
Mailing Address Nelkenstrasse 21			
Mailing Address			
City	Schemmerhofen	State	Country Germany
		ZIP	88433
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
		Citizenship	
Mailing Address			
Mailing Address			
City		State	Country
		ZIP	

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